



W. TODD WESSELLS  
SHERIFF

# OFFICE OF THE SHERIFF COUNTY OF ACCOMACK

23323 WISE COURT • P.O. BOX 149  
ACCOMAC, VA 23301

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C. SHANE CHILDRESS  
CHIEF DEPUTY

## INCIDENT REPORT AUTHORIZATION RELEASE

DATE \_\_\_\_\_

The Accomack County Sheriff's Office releases copies of police reports by mail or in-person pick up. The front desk is open from 8:30 AM to 5:00 PM, Monday through Friday. Please note that photo identification will be required prior to releasing the report. Police report requests are generally processed in 5 working days upon receipt. Prior to release, **please understand that there is an internal approval process and reports will not be made available until this process is completed.**

To assist us in expediting your request, please print clearly.

Requested by (Print Name)	Home Phone
9-1-1 Address	Cell Phone
Mailing Address	
Town, State, Zip	

Please provide the following information to better enable us with identifying the proper record:

Case Number	Type of Incident
Date/Time of Incident	Location of Incident
Responding Deputy	Victim's Name

Notary Section for Facsimile Requests ↓↓ COMPLETE THIS SECTION FOR FAX REQUESTS ONLY ↓↓

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Signature

State of \_\_\_\_\_, to wit:

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and upon his/her oath acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

\_\_\_\_\_ Notary Public

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_